

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE STATE

15 JUL 15 PM 3:23

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Friends of Kelly Ayotte, Inc.

ADDRESS (number and street)

PO Box 937

Check if different
than previously
reported. (ACC)

Manchester

NH

03105-0937

2. FEC IDENTIFICATION NUMBER ▼

C C00464297

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

X AMENDED
(A)

NH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

- (c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

M M
01 01Y Y
2015

through

M M
03 31D D
2015Y Y
2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Theodore V. Koch

Signature of Treasurer

Theodore V. Koch

Date

M M
07 15D D
2015Y Y
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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OnlyFEC FORM 3
(Revised 02/2003)